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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                      |                                  | <b>Docket Number (Optional)</b><br>2950-0254P |                         |
| <b>Application Number</b> 10/790,728-Conf. #2625                                                                                                                                                                                                          |                                  | <b>Filed</b> March 3, 2004                    |                         |
| <b>For</b> APPARATUS AND METHOD FOR CONTROLLING WRITING POWER OF OPTICAL DISC                                                                                                                                                                             |                                  |                                               |                         |
| <b>Art Unit</b> 2627                                                                                                                                                                                                                                      |                                  | <b>Examiner</b> L. T. Nguyen                  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |                                               |                         |
|                                                                                                                                                                                                                                                           |                                  | <u>Fee</u>                                    | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | One month (37 CFR 1.17(a)(1))    | \$120                                         | \$60 \$ 120.00          |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Two months (37 CFR 1.17(a)(2))   | \$450                                         | \$225 \$                |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Three months (37 CFR 1.17(a)(3)) | \$1020                                        | \$510 \$                |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Four months (37 CFR 1.17(a)(4))  | \$1590                                        | \$795 \$                |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Five months (37 CFR 1.17(a)(5))  | \$2160                                        | \$1080 \$               |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                           |                                  |                                               |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                                    |                                  |                                               |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                               |                                  |                                               |                         |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                     |                                  |                                               |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet.                             |                                  |                                               |                         |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                                     |                                  |                                               |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                                                                     |                                  |                                               |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 40,953                                                                                                                                                               |                                  |                                               |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                                                                                                                    |                                  |                                               |                         |
| _____<br>Signature                                                                                                                                                                                                                                        |                                  | _____<br>Date                                 |                         |
| _____<br>Esther H. Chong<br>Typed or printed name                                                                                                                                                                                                         |                                  | _____<br>(703) 205-8000<br>Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                     |                                  |                                               |                         |
| <input type="checkbox"/> Total of 1 forms are submitted.                                                                                                                                                                                                  |                                  |                                               |                         |

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